



Certificate of Express Mailing

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Date of Deposit: 11/12/2002

Ref: Case Docket No.: P3316

First Named Inventor: Christopher Clemmett Macleod Beck et al.

Serial Number: 09/182,745

Filing Date: 10/28/1998

Title of Case: Methods and Apparatus for Building Multimedia Applications Using Interactive Multimedia Viewers

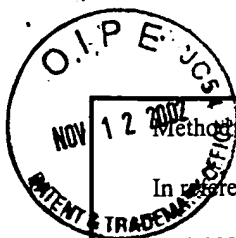
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Response H.
2. Response transmittal.
3. Duplicate Response transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)



11-14-02

2176

Method of Transmission: EV213825024US

CASE DOCKET NO. P3316

In reference to application of Christopher C.M. Beck et al.

Serial No. 09/182,745

For Methods and Apparatus for Building Multimedia Applications Using Interactive Multimedia Viewers

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☐ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

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Technology Center 2100

**** CLAIMS AS AMENDED ****

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	20	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	4	Minus	*** 4	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

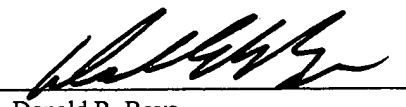
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted,


Donald R. Boys
Reg. No. 35074Donald R. Boys
Central Coast Patent Agency, Inc.
P.O. Box 187
Aromas, CA 95004
(831) 726-1457